



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
**APPLICATION FOR FOOD STAMP BENEFITS**

FOR DFS USE ONLY  
DATE OF LAST F-T-F INTERVIEW

DATE RECEIVED

CASE DCN

☐ MAIL-IN

☐ WALK-IN

NAME (LAST, FIRST, MIDDLE)

HOME TELEPHONE

MESSAGE TELEPHONE

HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

You have the right to immediately file a food stamp application as long as it contains your name, address and signature. Complete the rest of the application by taking it home and bringing or mailing it back to the office. You may also fax the application to your local DFS office. You can complete all of the form and give it to us now. You will not receive expedited food stamp benefits, if eligible, until a completed application form is received. Your food stamp benefit is based on the date of your application. You establish your date of application when this completed section is received at the office. Under the laws of the State of Missouri, and the regulations of the United States Department of Agriculture, I hereby apply for food stamp benefits.

SIGNATURE OF APPLICANT

DATE

X

X

**FOOD STAMP PARTICIPATION INFORMATION**

1. When did you last receive food stamp benefits? \_\_\_\_\_ Where? \_\_\_\_\_

2. Was your household disqualified for food stamp benefits this month? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE** You may designate a person to have access to your benefits through Electronic Benefit Transfer (EBT). This person will have the same ability to use your benefits as you do. You may also designate a person to make application for you. Complete the following information to appoint an authorized representative for this purpose and select an option for them to either apply for you, access your EBT account or both.

☐ To apply for benefits ☐ To access my EBT account ☐ Both ☐ To apply for benefits ☐ To access my EBT account ☐ Both

Name \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**BENEFIT SECURITY® CARD** I need a new Benefit Security® Card to access my EBT account ☐ Yes ☐ No If yes, why? ☐ Threw card away

☐ Lost ☐ Stolen ☐ Name changed ☐ Damaged ☐ Card undelivered ☐ Payee/Head of Household changed ☐ Other (explain) \_\_\_\_\_

**APPLICANTS, GO TO PAGE 2** ➡ ➡ ➡

**DO NOT WRITE IN THE AREA BELOW (TO BE FILLED IN BY COUNTY STAFF)**

**EXPEDITED SERVICE**

**SCREENING MONTH:** ➡

Applicants meeting the expedited standards below are eligible to receive food stamp benefits within 7 days. Discussion with the applicant, either by telephone or in person, may be necessary to determine eligibility for expedited food stamp benefits. The application must be completed, signed and identity verified before benefits can be issued. Conduct an interview in person or by phone according to policy.

1. Is the total household income this month, before deductions, less than \$150 and household cash/savings \$100 or less? ☐ Yes ☐ No

a. Household's monthly rent or mortgage amount

\$ \_\_\_\_\_

b. Appropriate utility standard

\$ \_\_\_\_\_

Total

\$ \_\_\_\_\_

c. Approximate monthly income

\$ \_\_\_\_\_

d. Household cash/savings for all members

\$ \_\_\_\_\_

Total

\$ \_\_\_\_\_

2. Do total shelter costs exceed monthly income and resources? ☐ Yes ☐ No

3. Are the household members destitute migrant or seasonal farmworkers whose cash and savings are \$100 or less? ☐ Yes ☐ No

**IF ANSWER TO ANY QUESTION 1 - 3 IS YES, EXPEDITE**

**EXPEDITED ELIGIBLE?** ☐ Yes ☐ No

Was previous application expedited with verification pending? ☐ Yes ☐ No If yes, verification provided/not needed ☐ Yes ☐ No

2nd month screening? (Definition: An initial application which, in the month of application, the household either received in another state, another household, or reapplies in the month the case was closed.) ☐ Yes ☐ No

SCREENED BY \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

WORKER NUMBER \_\_\_\_\_ LOAD NUMBER \_\_\_\_\_ SUPERVISOR NUMBER \_\_\_\_\_

TYPE OF INTERVIEW HELD: ☐ Face-To-Face ☐ Phone DATE INTERVIEW HELD \_\_\_\_\_

<b>1. HOUSEHOLD MEMBERS</b> <b>A.</b> List all individuals who live in your household. List yourself on the first line. In the last column, check (✓) the persons who buy and cook food together. <b>Providing the SSN and immigration status of each household member is voluntary.</b> However, you will not receive food stamp benefits for any individual who does not provide an SSN and/or immigration status. Any SSNs and immigration status information will be used and disclosed in the same manner as SSNs and immigration status of household members who receive food stamps.							
NAME	HISPANIC Y/N	RACE/ SEX*	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	CITIZEN Y/N	BUY/COOK TOGETHER
1.			Self				✓
2.							
3.							
4.							
5.							
6.							
7.							
* 1 - White      2 - Black/African American      4 - American Indian/Alaska Native      5 - Asian      6 - Native Hawaiian/Pacific Islander							
<b>B.</b> Are any of the household members a boarder? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____							
<b>2. RESOURCES</b> Does your household have any resources such as checking/savings accounts, Certificates of Deposit (CDs), stocks, bonds, cash on hand, property - other than where you live, prepaid burials, or other? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete the following:							
NAME OF OWNER		TYPE OF RESOURCE		AMOUNT		LOCATION (Name of Bank/at home)	
<b>3. VEHICLES</b> Are you or any member of your household buying, or do you own, a car, boat, trailer, snowmobile, recreational vehicle, airplane, motorcycle, farm equipment out of use more than 12 months, or other type of vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list below:							
TYPE OF VEHICLE	MAKE/MODEL	YEAR	NAME OF OWNER	VALUE	AMOUNT YOU OWE	LICENSED Y/N	VEHICLE USED FOR
<b>4. EARNED INCOME</b> <b>A.</b> Do you or anyone in your household receive any income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list all income, <b>BEFORE DEDUCTIONS</b> , (such as full/part time employment, self-employment, baby-sitting, odd jobs), for every household member.							
<b>B1.</b> Has anyone in your household started working? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, has this person received a paycheck? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>B2.</b> Does anyone in your household work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____ How often? _____							
NAME	NAME OF EMPLOYER (Include address and phone number)			RATE OF PAY	NO. OF HOURS WORKED	AMOUNT PER PAY PERIOD	HOW OFTEN
<b>C.</b> Has anyone in the household quit a job or reduced the number of hours of work in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Reason _____ Date of change _____ If your job ended recently, list the amount of income and the date received \$ _____ Date Received _____							
<b>D.</b> Is anyone in the household on strike? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____							
<b>E.</b> Do you expect any changes in earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain: _____							
<b>5. UNEARNED INCOME</b> <b>A.</b> Do you or anyone in your household have income other than from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, check the appropriate box(es) and list the monthly amount received from each source you checked.							
<input type="checkbox"/> Social Security \$ _____ <input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Unemployment Compensation \$ _____ <input type="checkbox"/> Interest \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> VA \$ _____ <input type="checkbox"/> General Relief \$ _____ <input type="checkbox"/> Temporary Assistance \$ _____ <input type="checkbox"/> Family/Friends \$ _____ <input type="checkbox"/> Retirement Benefits \$ _____ <input type="checkbox"/> Other \$ _____    If Other, explain: _____							
<b>B.</b> Do you expect any changes in unearned income? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain: _____							
<b>6. STUDENTS</b> <b>A.</b> Are any of the household members between the ages of 18-50 listed above attending a school for higher education at least half-time? (i.e., college, vocational/technical school.) <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Student(s) _____ School _____							
<b>B.</b> Is /are the student(s) employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, COMPLETE SECTION 4, EARNED INCOME.</b>							
<b>C.</b> Is/are the student (s) receiving educational grants, scholarships or loans? <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount \$ _____							
<b>D.</b> Amount of tuition \$ _____ Books \$ _____ Fees \$ _____ Transportation \$ _____							

<b>7. SHELTER EXPENSES</b>		A. Check (✓) yes or no if you have the following expenses:			
Rent/Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	\$ _____	Who pays?	_____
Real Estate Taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	\$ _____	Who pays?	_____
Homeowner's Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	\$ _____	Who pays?	_____
Gas/Propane	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ Used for:	<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Other		
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ Used for:	<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Other		
Wood/Coal/Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ Used for:	<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Other		
Trash	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Water/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Does someone else pay all or part of your utility costs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Which costs? _____					
C. Have you received Energy Assistance at the current address within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
D. Has your household moved since last application? <input type="checkbox"/> Yes <input type="checkbox"/> No Does information listed above reflect charges at new residence? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>8. CHILD SUPPORT EXPENSE</b>		Does any household member pay court ordered child support to a <b>NON-HOUSEHOLD</b> member? (Includes current payments, arrearages, health insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Complete the following below:			
DEPENDENT'S NAME, ADDRESS AND PHONE NUMBER		AMOUNT PAID	PERSON OR AGENCY PAID	HOW OFTEN PAID	
<b>9. DEPENDENT CARE EXPENSE</b>		A. Does any household member pay for dependent care for a child or disabled adult while you work or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:			
Name of person(s) cared for _____		Amount you pay	\$ _____	How often paid? _____	
Name of person(s) cared for _____		Amount you pay	\$ _____	How often paid? _____	
Name of person(s) cared for _____		Amount you pay	\$ _____	How often paid? _____	
Mileage or cost from home to provider and back _____		Number of trips per week _____			
Name of care provider _____		Phone Number _____			
B. Is any other person or organization responsible for paying provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____					
<b>10. MEDICAL EXPENSE</b>		Are there any monthly medical expenses paid for any person age 60 or over, or any person who is receiving disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check (✓) the appropriate box(es) below and give monthly amount paid. <b>Discuss these expenses with your caseworker.</b>			
<input type="checkbox"/> Health/Medicare Insurance	\$ _____	<input type="checkbox"/> Medical/Dental Insurance	\$ _____	<input type="checkbox"/> Attendant/Nurse	\$ _____
<input type="checkbox"/> Dentures/Glasses/Hearing Aids	\$ _____	<input type="checkbox"/> Transportation costs	\$ _____	<input type="checkbox"/> Prescriptions	\$ _____
<input type="checkbox"/> Other	\$ _____	If Other, explain: _____			
<b>11. CHANGES</b>		Do you know of anything in your household circumstances that has changed or is expected to change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list expected changes: _____					
<b>12. HOUSEHOLD'S DECLARATION INQUIRY</b>		Answer yes or no to each of the questions in this section. For each question answered yes, explain in the space provided.			
A. Have you or any member of your household been convicted of trafficking food stamp benefits of \$500 or more?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who? _____					
B. Are you or any member of your household fleeing to avoid prosecution, custody or jail for a crime (or attempted crime) that is a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who? _____					
C. Are you or any member of your household violating a condition of probation or parole? If yes, who? _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are you or any member of your household receiving food stamp benefits under another identity or as a member of another household or in another state? If yes, who? _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Have you or any member of your household been convicted in a Federal or State court of a felony committed after 8-22-96 related to illegal possession, use or distribution of a controlled substance? If yes, who? _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Have you or any member of your household ever been found by a State agency or convicted in a federal or state court of having made a fraudulent statement or misrepresentation with respect to identity or place of residence for the purpose of receiving food stamp benefits in two (2) or more places at the same time? If yes, who? _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>13. REFERENCE</b>		We may only contact your reference listed below if there is not sufficient documentary evidence to support your statements. You may choose to leave this blank and we will request your reference when needed. If you choose, please list below the unrelated reference outside of your household who can be contacted to provide accurate third-party verification of your statements on this form.			
Name _____		Telephone Number _____			
Address _____					

**NON-DISCRIMINATION AND FAIR HEARING RIGHTS:** In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. You can have a fair hearing if you are denied benefits and wish to appeal the decision. You can request a conference to be held within 2 days if you are not given expedited service. You can also request a hearing either orally or in writing, on any agency action which affects your participation in the Food Stamp Program.

**PRIVACY ACT STATEMENT:** The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. Agencies contacted for income and eligibility information include SSA, IRS, MO Div. of Employment Security, MO Div. of Child Support Enforcement, and MO Dept. of Corrections. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

**IMMIGRATION STATUS:** The immigration status of applicant household members may be subject to verification by INS by submitting information from the application to INS, and the information received from INS may affect your household's eligibility for food stamps. If you do not wish for DFS to contact INS, you may withdraw your application or, if eligible, you may choose to receive food stamps excluding any household member for whom you do not want to declare citizenship.

ALL THE INFORMATION PROVIDED ON THIS FORM IS SUBJECT TO VERIFICATION BY FEDERAL, STATE AND LOCAL OFFICIALS. IF ANY INFORMATION IS INCORRECT, YOU MAY BE DENIED FOOD STAMPS AND/OR BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING FALSE INFORMATION.

### NOTIFICATION AND ACKNOWLEDGMENT OF FRAUD PROVISIONS

7 USC 2015 (b)(1) Any person who has been found by any State or Federal court or administrative agency to have intentionally made a false or misleading statement, or misrepresented, concealed or withheld facts or committed any act that constitutes a violation of this Act, the regulations issued thereunder, or any State statute, for the purpose of using, presenting, transferring, acquiring, receiving, or possessing food stamp benefits shall, immediately upon the rendering of such determination, become ineligible for further participation in the program for a period of 1 year upon the first occasion of any such determination, 2 years for the second occasion and permanently upon the third occasion.

7 USC 2024 (b), (c) and (h). Anyone who knowingly uses, transfers, acquires, alters, or possesses coupons or access devices in any manner contrary to the Food Stamp Act is subject to fine and imprisonment. Upon conviction, punishments include a fine of \$250,000 and/or imprisonment for 20 years if the value of the coupons or access devices is \$5,000 or more. If the value is less than \$5,000 but greater than \$100, punishments include a fine of \$10,000 and/or imprisonment for 5 years. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone who presents for payment or redemption coupons or access devices which have been illegally received, transferred, or used is subject to a fine of \$20,000 and/or imprisonment for 5 years if the value of the benefits is \$100 or more. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone convicted of felony offenses relating to the above transactions is also subject to having all real and personal property used in such transactions forfeited to the United States.

7 USC 2015 (b)(1)(iii)(IV) and 2015 (j). Anyone convicted of trafficking in food stamp benefits of \$500 or more shall be permanently disqualified from the Food Stamp Program for the first offense. Anyone found by a state agency to have made or convicted in a federal or state court of having made fraudulent statements about identity or residence in order to receive multiple food stamp benefits simultaneously shall be ineligible to participate in the Food Stamp Program for ten (10) years beginning with the date of such agency determination or such conviction in federal or state court.

7 USC 2015 (b)(1). Anyone convicted in a federal, state or local court of trading benefits for controlled substances, illegal drugs or certain drugs for which a doctor's prescription is required shall be barred from the Food Stamp Program for 2 years for the first offense and permanently for the second offense. Anyone convicted of trading benefits for firearms, ammunition, or explosives is barred permanently from the Food Stamp Program for the first offense.

7 USC 2015(k). Any individual who is a fleeing felon, or a probation/parole violator is ineligible to participate in the Food Stamp Program.

Pursuant to Section 570.030, RSMo the stealing of public assistance benefits is a Class C felony if the value of the benefits is \$750.00 or more. Punishment includes imprisonment for up to seven years and a fine not to exceed \$5,000.00. If the value of the benefits is less than \$750.00, the crime is a Class A misdemeanor.

**SIGNATURE:** This is to certify that I understand the questions on this form and the penalties for giving false statements or withholding information. Under the penalty of perjury, I certify that I have given true, accurate and complete statements to the best of my knowledge for each household member for whom I am applying.

<b>SIGNATURE</b> X	<b>DATE</b> X
-----------------------	------------------

IF SIGNATURE IS MADE BY A MARK (X), IT SHOULD BE WITNESSED BY TWO PERSONS.

Name	Date
Name	Date

If someone else has helped you enter information on this form, have them complete the following: I certify that I completed this food stamp eligibility statement at the request of the applicant and that the information on this form is correctly recorded as stated by the applicant

Signature	Date
-----------	------